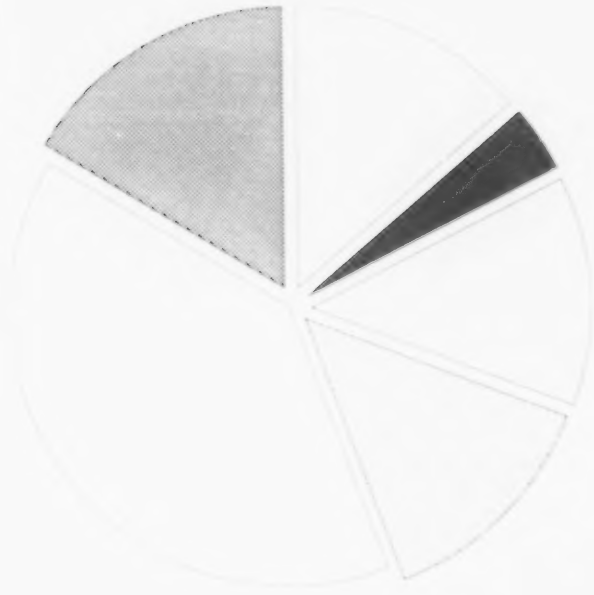
1994 Annual Statistical Report



AACOM

AMERICAN ASSOCIATION
OF COLLEGES OF
OSTEOPATHIC MEDICINE

1994 Annual Statistical Report

American Association of Colleges of Osteopathic Medicine

6110 Executive Boulevard, Suite 405
Rockville, Maryland 20852

Allen M. Singer, Ph.D.

September 1994

Printing and distribution of this annual study have been made possible since 1986 by donations from The Upjohn Company. AACOM gratefully acknowledges these special contributions.

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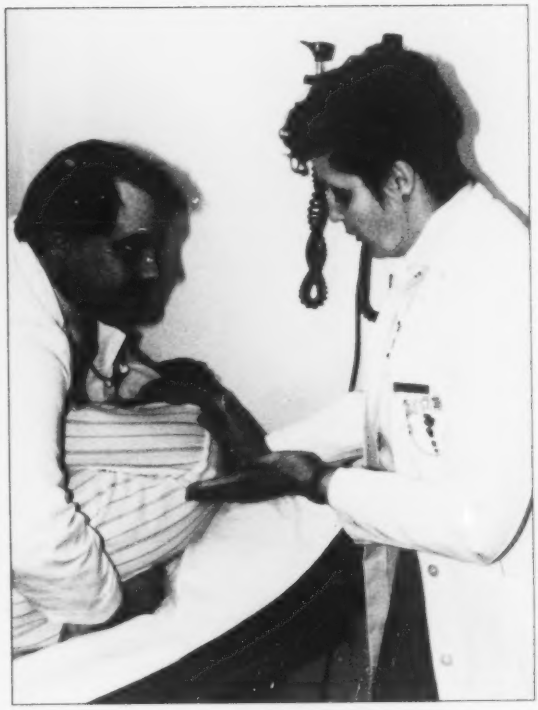

Photo courtesy of University of Health Sciences - College of Osteopathic Medicine

About This Report

This Annual Statistical Report is the 14th in a series dating from 1981. In this report the data on students, faculty, and curricula generally cover the academic year 1993-94, while the fiscal data on costs, revenue, and expenditures generally relate to 1992-93. In addition, the report contains some of the most recent data from AACOM's centralized application service (AACOMAS) on applicants for the 1994 entering class.

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Table I

THE OSTEOPATHIC PROFESSION
Distribution of Osteopathic Physicians as of August 3, 1994

Location	Number of Osteopathic Physicians		Location	Number of Osteopathic Physicians	
	Total*	Active		Total*	Active
Alabama	179	178	New Hampshire	65	56
Alaska	46	46	New Jersey	2,161	2,085
Arizona	943	805	New Mexico	181	154
Arkansas	129	116	New York	1,803	1,742
California	1,512	1,441	North Carolina	124	105
Colorado	597	550	North Dakota	35	34
Connecticut	140	133	Ohio	2,952	2,793
Delaware	163	154	Oklahoma	1,083	1,018
District of Columbia	16	15	Oregon	341	293
			Pennsylvania	4,343	4,121
Florida	2,387	2,026	Rhode Island	162	150
Georgia	371	343	South Carolina	122	110
Hawaii	64	58	South Dakota	47	40
Idaho	74	64	Tennessee	235	218
Illinois	1,424	1,388	Texas	2,115	1,968
Indiana	478	455	Utah	67	62
Iowa	893	815	Vermont	48	38
Kansas	474	428	Virginia	255	240
Kentucky	139	130	Washington	446	403
Louisiana	100	98	West Virginia	380	365
Maine	411	375	Wisconsin	378	350
Maryland	207	196	Wyoming	30	28
Massachusetts	316	289	Military Service	1,253	1,253
Michigan	4,457	4,183	U.S. Public Health Service	114	114
Minnesota	173	163			
Mississippi	116	113	U.S. Territories	5	5
Missouri	1,602	1,428	Canada	37	22
Montana	63	55	Foreign (U.S. trained)	39	28
Nebraska	63	56			
Nevada	201	183			
			TOTAL	**36,559**	**34,079**

SOURCE: American Osteopathic Association

* Total includes retired and disabled. Interns and residents are included in both Total and Active data.

Trends and Highlights

Health care reform proposals were almost as numerous as tourists in Washington this summer, and most have run into some rough weather. But the movement toward generalism in medicine continues to gather strength, and osteopathic medical education encountered generally blue skies in 1993-94.

Several positive developments should be noted. First, applications continued to pour in, providing another bumper crop of excellent candidates for admission. The schools responded by admitting a record number of students in 1993, including more Black, Native American, and women freshmen than ever before. Total enrollments, graduates, and faculty also rose substantially from last year. Also, the osteopathic medical community welcomed its 16th school — The Lake Erie College of Osteopathic Medicine (LECOM) — whose first class of 61 students entered in 1993.[1]

The number of active osteopathic physicians in the U.S. grew by almost 5% to 34,079, with the highest concentrations in Michigan and Pennsylvania (Table I on page 1).

On the down side, the cost of medical education continued to rise, as did the indebtedness of the students — at a slower rate than last year however. The schools' revenues from state appropriations fell in fiscal year 1993, forcing tuition to increase at all but two schools for the academic year 1992-93. However, revenue from federal grants and contracts and from private sources rose along with income from medical practice plans.

Seniors graduated with record levels of debt in 1993 as the gap between loans and scholarship funds widened. A huge jump in the amount of scholarship money available through the National Health Service Corps program in 1992-93 helped to partially offset slower growth in scholarship funds available from the Armed Forces and other sources. But borrowing by students — mainly through the Health Education Assistance Loan program and the Stafford Loan program — remains by far the dominant mode of financing their medical education.

Applicants and Applications

For the academic year beginning in 1993, every osteopathic medical school experienced a robust increase in applications. Almost 39,000 applications were submitted by the 7,506 applicants. In the prior year there were almost 29,000 applications submitted by 5,752 applicants. The increase in applicants for 1993 was more than 30%, and followed a 38% increase in 1992.

For the academic year beginning in 1994, AACOMAS (AACOM's centralized application service) processed an all-time record of 9,336 applicants, up 24% from 1993.

[1] No data other than the number of freshmen are available from LECOM at this time. The school became a member of AACOM in 1994 and will provide additional information for the next annual report.

Enrollments and Graduates

First-year enrollment in 1993-94 rose 6.2% to 2,162 students, including the 61 freshmen at the newly-founded 16th school in Lake Erie, Pa. (LECOM). Excluding LECOM, freshmen enrollment rose 3.2%. Total enrollment at the 16 schools rose 6% to just over 7,800 students. The schools expect to graduate 1,775 students in 1994, an increase of 10% from last year. All the above figures represent record highs.

In the six public osteopathic medical schools, more than 85% of the 1993 freshmen were residents of the state in which the school was located; in the nine private schools, the corresponding percentage was 47%.

Women and Minorities

Gains were also noted in the number of women and minorities participating in osteopathic medical education. Reflecting the steadily increasing number of women admitted to the schools, women now make up well over one-third of all osteopathic medical students, and constituted almost 36% of the freshman class in 1993.

Minorities present a mixed enrollment picture. More Black and Native Americans were admitted in 1993, but the numbers of Hispanic and Asian/Pacific Islander freshmen declined.

Student Debts and Career Plans

Seniors graduating in 1993 had debts averaging almost $82,000. During the past five years, average debt has been increasing by about 5% per year, but the good news is that the latest increase was somewhat less at 3%.

Substantially more of the 1993 seniors opted for careers in the primary care fields of medicine (i.e., family practice, general internal medicine, and pediatrics), compared to 1992 seniors. Additionally, more graduates are seeking postdoctoral training in allopathic residency programs than in osteopathic programs. AACOM's surveys and analyses have helped to identify nine basic factors that appear to be the main determinants of specialty choice among osteopathic medical students. Students who plan primary care careers seem to be more **oriented to dealing with people than with technology,** and are attracted by the **intellectual content** of the specialty. Students who plan to subspecialize place more importance on their **skills and abilities** along with the **prestige and income potential** of the field.

Scholarships and Loans, FY 1993

The amount of scholarships awarded to osteopathic medical students has more than doubled in the last seven years. Nevertheless, the gap between scholarships and loans widened in FY1993, mainly dueto smaller than normal increases in scholarship funds available from the Armed Forces and state governments.

One encouraging development is that funds from the National Health Service Corps program have expanded for the second year in a row. This program provided $2.5 million in scholarship funds for osteopathic medical students in FY 1993, up 78% from 1992.

Loans from the Health Education Assistance Program (HEAL) are growing most rapidly and are also the largest single source of borrowing for our students, followed by Stafford loans.

AACOMAS Applicants for the 1994 Entering Class[2]

For the academic year beginning in 1994, the 15 osteopathic medical schools participating in AACOMAS experienced another year of exceptionally strong growth in applicants. The entering class of 1994 had 9,336 applicants, which was 24% greater than the 1993 class (Table II).

After declining throughout most of the 1980s — as students flocked to the then-booming fields of business and computer sciences — the number of applicants to medical schools began to rebound in 1989 when the attractiveness of those other fields lost some of its luster. Osteopathic medical schools in particular began to experience quite rapid growth in applicants. In the last five years the number of applicants to osteopathic medical schools has almost tripled (Table II).

[2] AACOMAS is the centralized application service of AACOM. It processes the transcripts and other forms submitted by prospective students and allows them to file a single application which can be considered by several schools simultaneously. Although the main body of this report covers the 1993-94 academic year, the latest applicant data from AACOMAS for the **1994** entering class (academic year 1994-95) are also included.

Table II

AACOMAS Applicants to Osteopathic Medical Schools:
Ethnic Groups and Women by Entering Year

	Entering Year									
Group	**1985**	**1986**	**1987**	**1988**	**1989**	**1990**	**1991**	**1992**	**1993**	**1994**
Black	145	159	170	208	221	196	252	294	325	401
Native American	21	31	19	20	20	31	21	49	59	84
Hispanic	170	164	165	153	177	154	172	233	305	390
Total Underrepresented Minority	336	354	354	381	418	381	445	576	689	875
Percent Under-represented Minority	8.7	10.1	10.6	12.6	13.2	11.8	10.7	10.0	9.2	9.4
White, Non-Hispanic	3,292	2,922	2,637	2,318	2,342	2,423	3,024	4,240	5,461	6,605
Asian/Pacific Islander	201	215	288	273	338	350	584	768	1,083	1,496
Other and Unknown	40	23	47	58	62	70	110	168	273	360
Total All Groups	**3,869**	**3,514**	**3,326**	**3,030**	**3,160**	**3,224**	**4,163**	**5,752**	**7,506**	**9,336**
Women	1,102	1,009	1,002	966	1,068	1,082	1,393	2,017	2,753	3,494
Percent Women	28.5	28.7	30.1	31.9	33.8	33.6	33.5	35.1	36.7	37.4
Number of Schools Participating in AACOMAS	13	13	13	13	13	13	14	15	15	15

NOTES: (1) This table does not include those applicants who may have applied directly to schools.
(2) Prior to 1991, PCOM and UHS-COM did not participate in AACOMAS; UHS-COM began participating in 1991, and PCOM in 1992. The Lake Erie, Pennsylvania, school--whose first class entered in 1993, will be an AACOMAS participant in 1995.

While the 1994 increase of 24% is remarkable, it does indicate a somewhat slower growth rate compared to prior years. Annual increases since 1990 have been 29%, 38%, and 30% respectively.

The recent rise in number of applicants may have been boosted by the advent of the revised Medical College Admissions Test (MCAT) in 1991 which was designed to place more emphasis on writing skills and verbal reasoning and less on basic science, thus attracting students from a wider variety of fields.

Women applicants and those from the minority groups have exhibited the most rapid increases in 1994. The single fastest growth in applicants has been from the Asian/Pacific Islander group which increased 38% from the 1993 level. Applicants from the underrepresented minorities (Black, Hispanic, and Native American) rose by 27% to 9.4% of all applicants (Table II, Chart 1A). Women applicants also increased by 27% in 1994 and are currently at 37.4% of all applicants (Table II, Chart 1B).

Chart 1A - Underrepresented Minority Applicants, 1976-1994

The percentage of applicants from the underrepresented minorities increased for the first time since reaching a peak of 13.2% in 1989.

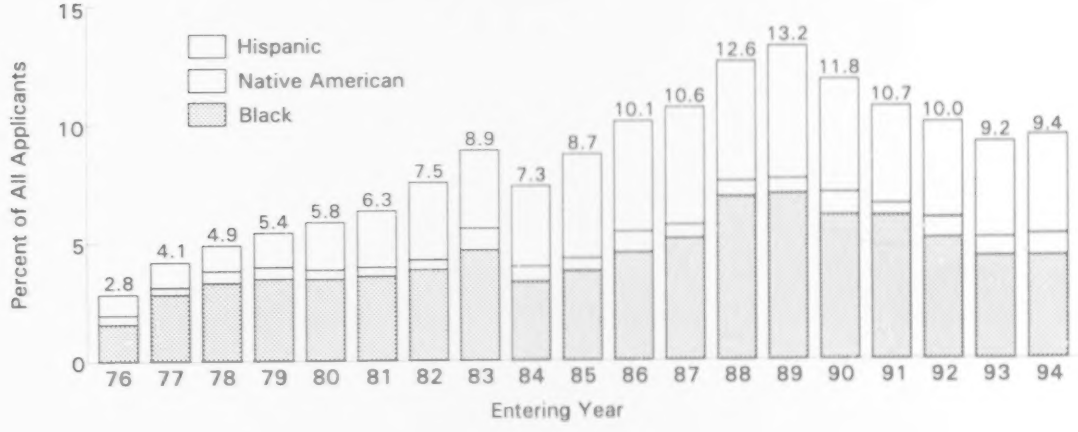
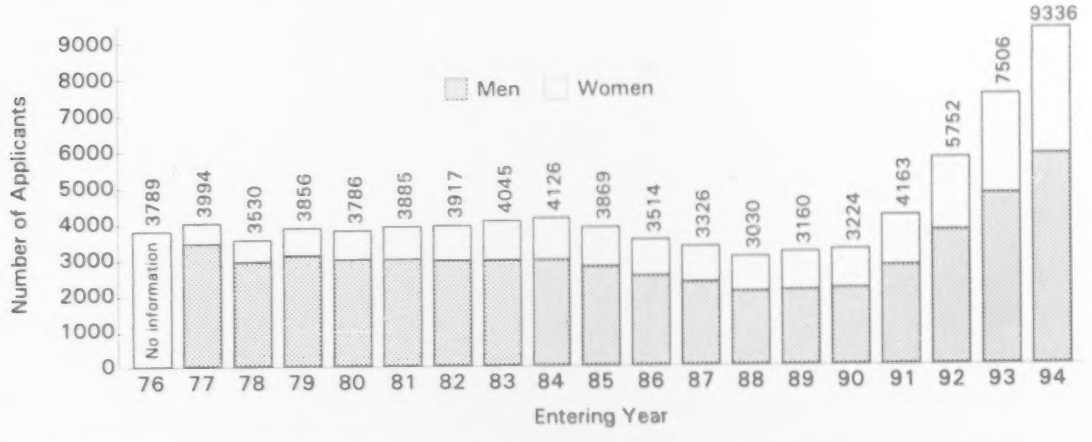


Chart 1B - AACOMAS Applicants by Gender, 1976-1994



Applications, Enrollments, And Graduates for Academic Year 1993-94

Every osteopathic medical school in the system experienced a substantial increase in the number of applications received for the 1993 entering class (Table III). Overall, a total of 38,976 applications were received at the 16 schools, by far the largest on record.[3]

Photo courtesy of University of New England College of Osteopathic Medicine

First-year enrollment rose 6.2% in 1993 to 2,162 students including the 61 freshmen at LECOM (Table III, Chart 2). *Excluding* LECOM, the increase in first-year students was 3.2%. Twelve schools increased their first-year enrollments and three schools decreased them.

Total enrollment rose 6% to 7,822 students (Table III). With the exception of 1987, total enrollment in osteopathic medical schools has increased every year since since 1968 (Table IV on page 8).

According to estimates made by the schools earlier this year, 1,775 students will graduate in 1994. This represents an increase of more than 10% from the 1,606 who graduated last year (Table IV). The schools are projecting more than 2,100 graduates by 1997 (Chart 3).

[3] The new school at Lake Erie, Pa. (LECOM) — whose first class entered in 1993 — received 196 applications and enrolled 61 students. LECOM will begin participating in AACOMAS in 1995-96 and thus can expect a much larger volume of applications for that class.

Chart 2 - First-Year Enrollment, 1968-1993

Freshmen enrollment at osteopathic medical schools has increased an average 5.9% per year since 1968.

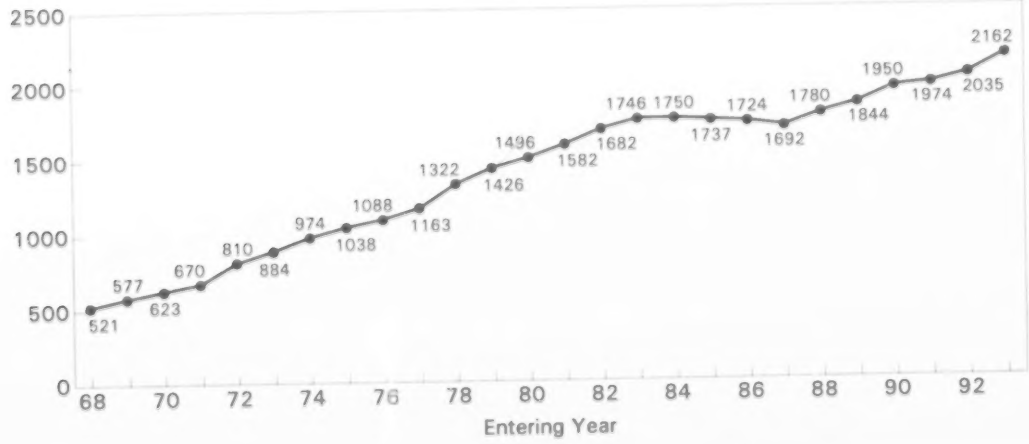


Table III

Number of Applications Received, First-Year Enrollment and Total Enrollment by School

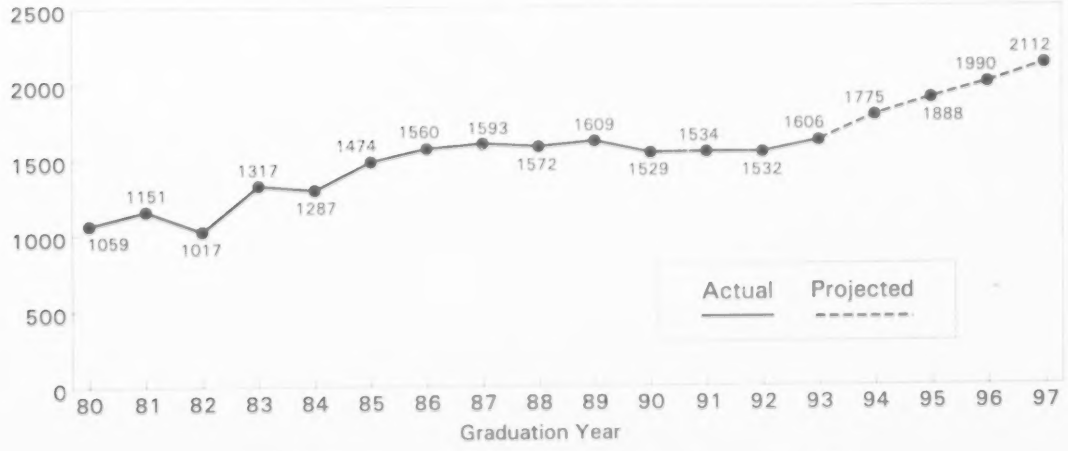
Colleges	1992-93			1993-94		
	Applications	First-Year Enrollment	Total Enrollment	Applications	First-Year Enrollment	Total Enrollment
CCOM	2,738	152	546	3,639	162	563
COMP	1,963	161	526	2,478	163	574
KCOM	2,141	145	557	3,129	152	571
LECOM*	N.A.	N.A.	N.A.	196	61	61
MSU-COM	1,450	123	508	1,989	129	525
NYCOM	1,961	170	661	2,694	180	735
OSU-COM	707	94	296	1,376	89	310
OUCOM	2,564	119	396	3,296	118	407
PCOM	2,809	225	846	3,646	237	878
SECOM	1,885	140	493	2,794	145	514
UHS-COM	2,201	169	563	2,966	179	611
UMDNJ-SOM	1,559	67	245	2,033	68	262
UNECOM	1,807	80	309	2,362	89	328
UNTHSC-TCOM	1,015	115	416	1,595	107	424
UOMHS/COMS	2,370	206	756	2,968	213	798
WVSOM	1,387	69	257	1,815	70	261
Total	**28,557**	**2,035**	**7,375**	**38,976**	**2,162**	**7,822**

Note: Since most applicants apply to several schools, the number of applications (shown in this table) is significantly higher than the number of applicants (shown in Table II).

* The Lake Erie, Pennsylvania, school (LECOM) had its first class in 1993.

Chart 3 - Graduates, 1980-1997

The number of osteopathic graduates is projected to increase annually by about 7% for the next four years.



Women

Strong growth continues for women in osteopathic medical schools; first-year enrollment is approaching 36% of all students. Total enrollment of women and the proportion of women graduates is approaching 35% (Table IV, Charts 4 and 5).

Photo courtesy of Michigan State University
College of Osteopathic Medicine

Table IV

First-Year Enrollment, Total Enrollment, and Graduates
in Schools of Osteopathic Medicine in the U.S. by Gender and Entering Year

Start of Academic Year	Number of Schools in Operation	FIRST-YEAR ENROLLMENT			TOTAL ENROLLMENT			GRADUATES		
		Total	Women	% Women	Total	Women	% Women	Total	Women	% Women
1968	5	521	21	4.0	1,879	53	2.8	427	8	1.9
1969	5	577	14	2.4	1,997	59	3.0	432	12	2.8
1970	6	623	17	2.7	2,151	61	2.8	472	11	2.3
1971	7	670	29	4.3	2,304	79	3.4	485	18	3.7
1972	7	810	56	6.9	2,579	116	4.5	649	18	2.8
1973	7	884	83	9.3	2,780	181	6.5	594	17	2.9
1974	9	974	106	10.9	3,139	267	8.5	702	44	6.3
1975	9	1,038	140	13.5	3,443	362	10.5	809	58	7.2
1976	11	1,088	179	16.5	3,671	472	12.9	908	84	9.3
1977	12	1,163	192	16.5	3,926	570	14.5	971	68	7.0
1978	14	1,322	222	16.8	4,221	688	16.3	1,004	163	16.2
1979	14	1,426	265	18.6	4,571	789	17.3	1,059	192	18.1
1980	14	1,496	329	22.0	4,940	971	19.7	1,151	202	17.6
1981	15	1,582	378	23.9	5,304	1,108	20.9	1,017	186	18.3
1982	15	1,682	428	25.4	5,822	1,317	22.6	1,317	261	19.8
1983	15	1,746	460	26.3	6,212	1,526	24.6	1,287	262	20.4
1984	15	1,750	511	29.2	6,547	1,707	26.1	1,474	344	23.3
1985	15	1,737	489	28.2	6,608	1,799	27.2	1,560	392	25.1
1986	15	1,724	471	27.3	6,640	1,853	27.9	1,593	412	25.9
1987	15	1,692	490	29.0	6,586	1,904	28.9	1,572	438	27.9
1988	15	1,780	571	32.1	6,614	1,986	30.0	1,609	491	30.5
1989	15	1,844	615	33.4	6,615	2,056	31.1	1,529	431	28.2
1990	15	1,950	667	34.2	6,792	2,221	32.7	1,534	458	29.9
1991	15	1,974	645	32.7	7,012	2,340	33.4	1,532	501	32.7
1992	15	2,035	715	35.1	7,375	2,512	34.1	1,606	533	33.2
1993†	16	2,162	771	35.7	7,822	2,714	34.7	1,775*	617*	34.8*

* Estimated

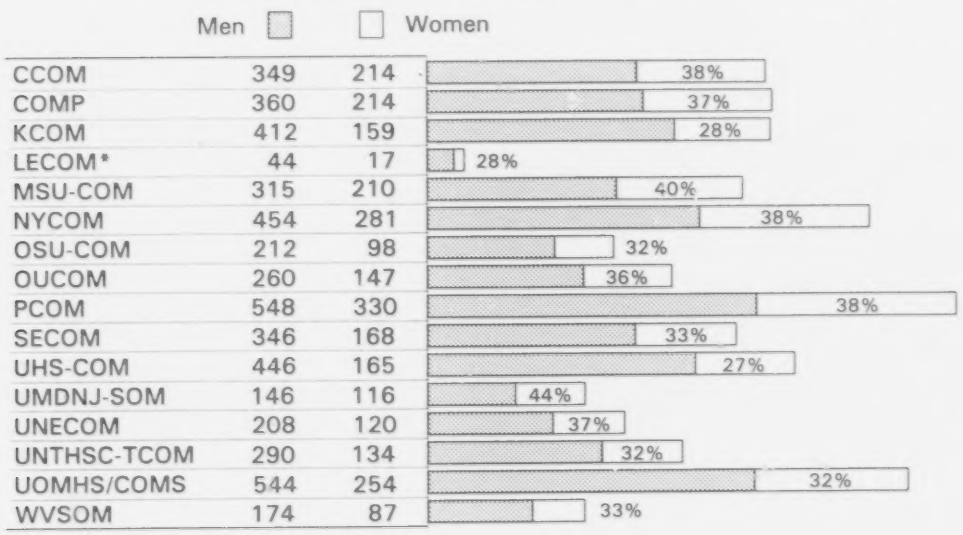
† Data includes the Lake Erie, Pennsylvania, school which enrolled its first class of 61 students in 1993, 17 of which were women.

Chart 4 - First-Year Enrollment by Gender, 1968-1993

First-year enrollment of women is approaching 36%.

Chart 5 - Total Enrollment by Gender, 1993-94

Total enrollment of women ranged from 27 to 44 percent of all students.



	Men	Women	
CCOM	349	214	38%
COMP	360	214	37%
KCOM	412	159	28%
LECOM*	44	17	28%
MSU-COM	315	210	40%
NYCOM	454	281	38%
OSU-COM	212	98	32%
OUCOM	260	147	36%
PCOM	548	330	38%
SECOM	346	168	33%
UHS-COM	446	165	27%
UMDNJ-SOM	146	116	44%
UNECOM	208	120	37%
UNTHSC-TCOM	290	134	32%
UOMHS/COMS	544	254	32%
WVSOM	174	87	33%
Total	5,108 + 2,714 = 7,822		

*LECOM enrolled its first class in 1993-94.

Photo courtesy of University of Medicine
and Dentistry of New Jersey
School of Osteopathic Medicine

Minorities

Despite the impressive increase in minority applicants for places in the entering class of 1993 (see Table II on page 4), the number actually admitted fell slightly from the record number in 1992 (Table V). More Black and Native American students were admitted, but these gains were offset by declines in the number of Hispanic and Asian/Pacific Islander freshmen. As a result, the percentage of freshmen from the underrepresented minorities (Black, Native American, and Hispanic) fell to 8.8% of all freshmen, down from 9.2% in 1992 (Table V, Chart 6).

However, the momentum of previous years' growth carried the total enrollment of minority students to new heights at almost 1,400 students, representing 18% of all osteopathic medical students (Charts 7 & 8 and Table VI on page 12,). Underrepresented minorities remained unchanged at 7.7% of total enrollment.

Table V

First-Year Enrollment of Ethnic Groups in Osteopathic Medical Schools, 1984-1993

	Entering Year									
Group	**1984**	**1985**	**1986**	**1987**	**1988**	**1989**	**1990**	**1991**	**1992**	**1993***
Black	42	37	26	38	85	68	79	67	81	95
Native American	17	10	9	7	8	15	14	7	18	19
Hispanic	54	68	56	60	81	79	78	67	89	70
Total Under-represented Minority	113	115	91	105	174	162	171	141	188	184
Percent Under-represented Minority	6.5	6.6	5.3	6.2	9.8	8.8	8.8	7.1	9.2	8.8
White, Non-Hispanic	1,590	1,552	1,560	1,479	1,469	1,524	1,565	1,608	1,633	1,713
Asian/Pacific Islander	47	70	73	108	137	158	214	225	210	203
Unknown	–	–	–	–	–	–	–	–	4	62
Total All Groups	**1,750**	**1,737**	**1,724**	**1,692**	**1,780**	**1,844**	**1,950**	**1,974**	**2,035**	**2,162**

* Includes 61 freshmen at the Lake Erie, Pennsylvania, school, but no information is available on their ethnicity.

Chart 6 - First-Year Enrollment by Ethnic Groups, 1993-94

Underrepresented minorities (Black, Native American and Hispanic) made up 8.8% of first-year enrollment.

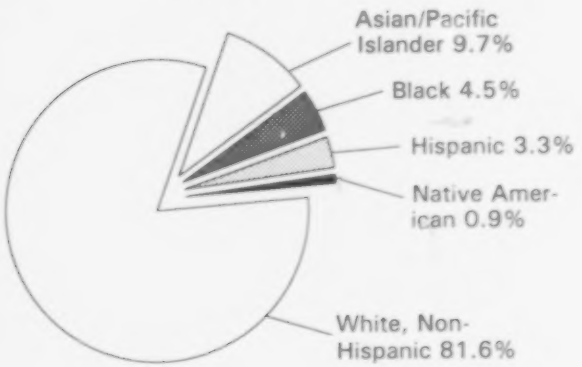


Chart 7 - Total Enrollment by Ethnic Groups, 1993-94

Underrepresented minorities made up 7.7% of total enrollment.

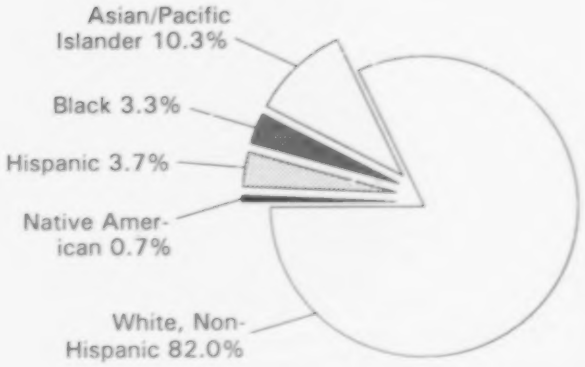


Chart 8 - Total Enrollment of Ethnic Minority Groups by School, 1993-94

Ethnic minority groups are Black, Hispanic, Asian/Pacific Islander and Native American		No. of Minority Students
CCOM	15.28%	86
COMP	30.49%	175
KCOM	16.11%	92
MSU-COM	18.86%	99
NYCOM	26.53%	195
OSU-COM	14.52%	45
OUCOM	16.46%	67
PCOM	10.48%	92
SECOM	24.71%	127
UHS-COM	19.31%	118
UMDNJ-SOM	21.37%	56
UNECOM	7.93%	26
UNTHSC-TCOM	22.41%	95
UOMHS/COMS	13.53%	108
WVSOM	6.13%	16
All Schools	18.00%	1,397

Minorities as Percent of Total Enrollment

Schools in states with large Asian and Hispanic populations have the largest proportions of minority students.

Table V!

Total Enrollment of Ethnic Groups in Osteopathic Medical Schools, 1984-1993

Group	Entering Year									
	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993*
Black	126	125	117	122	159	173	217	236	231	256
Native American	50	48	42	36	33	39	36	37	45	51
Hispanic	126	158	182	208	240	246	277	276	293	288
Total Under-represented Minority	302	331	341	366	432	458	530	549	569	595
Percent Under-represented Minority	4.6	5.0	5.1	5.6	6.5	6.9	7.8	7.8	7.7	7.7
White, Non-Hispanic	6,079	6,075	6,057	5,933	5,801	5,694	5,680	5,778	6,054	6,362
Asian/Pacific Islander	166	202	242	287	381	463	582	685	743	802
Unknown	–	–	–	–	–	–	–	–	9	63
Total All Groups	**6,547**	**6,608**	**6,640**	**6,586**	**6,614**	**6,615**	**6,792**	**7,012**	**7,375**	**7,822**

* Includes 61 freshmen at the Lake Erie, Pennsylvania, school (LECOM), but no information is available on their ethnicity.

Students

State Residency

In the six public osteopathic medical schools (MSU-COM, OSU-COM, OUCOM, UMDNJ-SOM, UNTHSC, and WVSOM), 85.4% of the students entering in 1993 were state residents; in the nine private schools, the corresponding proportion was 47% (Chart 9).

The overall average for state residents among freshmen in the 15 schools was 57.6%.

The schools vary considerably in the proportions of out-of-state residents they enrolled as freshmen in 1993, ranging from a high of 86% at KCOM to a low of 4% at UNTHSC (Chart 9).

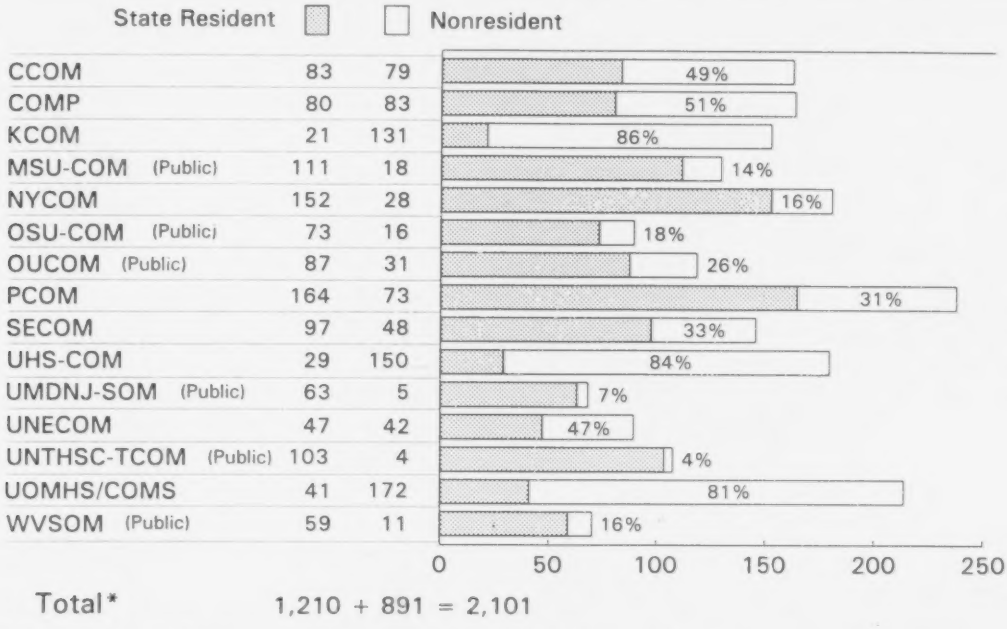
Degree Levels, MCAT and GPA Scores, Attrition Rates

Students admitted with a baccalaureate degree rose to 88% of the 1993 freshman class, up from 87% in 1992. Nearly 10% had earned advanced degrees, including 7.5% with master's degrees and 2.2% with doctorates (Chart 10).

With the implementation of the new Medical College Admissions Test (MCAT) in 1991, the phase-out of the old test is almost complete. Only 68 freshmen at 11 schools in 1993 submitted scores from the old test.

More than 90% of the students admitted in 1993 submitted scores on the new MCAT, and these scores continued to rise (Table VII on page 14). Scores on all three quantitative tests showed

Chart 9 - State Residency of First-Year Students, 1993-94


State Resident
Nonresident
CCOM 83 79 49%
COMP 80 83 51%
KCOM 21 131 86%
MSU-COM (Public) 111 18 14%
NYCOM 152 28 16%
OSU-COM (Public) 73 16 18%
OUCOM (Public) 87 31 26%
PCOM 164 73 31%
SECOM 97 48 33%
UHS-COM 29 150 84%
UMDNJ-SOM (Public) 63 5 7%
UNECOM 47 42 47%
UNTHSC-TCOM (Public) 103 4 4%
UOMHS/COMS 41 172 81%
WVSOM (Public) 59 11 16%
0 50 100 150 200 250

Total* 1,210 + 891 = 2,101

57.6% of all first-year students are enrolled in schools in their home state. Public schools have higher proportions of state residents than private schools.

* Excludes LECOM which enrolled its first class in 1993-94. No information is available as yet on the residencies of its students.

substantial improvement, with Physical Science test scores showing the largest gains.

Similarly, the grade point averages (GPAs) of the 1993 entering class rose for the third year in a row. The mean GPA has increased by more than 4% since 1990. Both science and non-science GPAs of 1993 freshmen showed increases from the previous year (Table VII on page 14).

Attrition rates dropped in the 1992-93 academic year to 1.5% of total enrollment, down from 1.7% in the prior year. Only 107 students withdrew in 1992-93 out of a total enrollment of 7,375. For minorities, 23 withdrew out of an enrollment of 1,312, for a slightly higher attrition rate of 1.8%.

Chart 10 - Highest Degree Earned by Entering Students, 1993-94

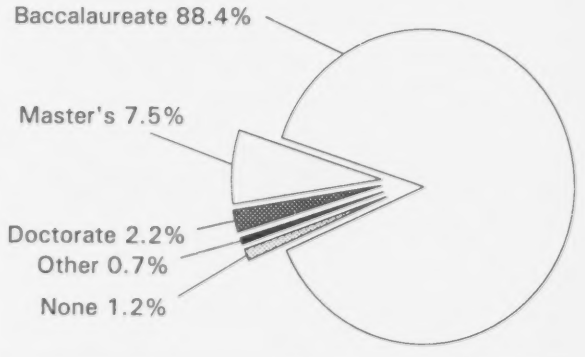


Table VII

Grade Point Averages and Mean Medical College Application Test (MCAT) Scores for Entering Students

	Entering Year			
GPAs (Mean)	1990	1991	1992	1993
Science	3.03	3.09	3.14	3.19
Non-Science	3.20	3.25	3.28	3.32
Mean GPA	**3.12**	**3.16**	**3.20**	**3.26**

Old MCAT (Mean)	1990	1991	1992	1993*
Biology	7.4	7.8	7.6	6.73
Chemistry	6.7	6.9	7.1	5.99
Physics	6.8	6.9	7.3	5.87
Science	6.8	7.0	7.2	6.12
Quantitative	6.6	6.8	7.1	5.45
Reading	7.1	7.2	7.2	5.56
Mean MCAT	**6.9**	**7.1**	**7.3**	**5.95**

New MCAT (Mean)	1990†	1991	1992	1993
Biological Sci.		7.2	7.4	7.7
Physical Sci.		6.7	7.0	7.4
Verbal Reas.		7.4	7.6	7.7
Writing Sample		%	%	%
J		0.0	0.1	0.5
K		0.0	0.2	2.2
L		1.9	1.2	5.0
M		8.5	5.7	15.6
N		35.0	34.1	17.2
O		37.7	33.9	22.0
P		16.0	14.5	16.5
Q		0.9	1.8	7.8
R		0.0	0.4	4.0
S		0.0	0.1	1.1
T		0.0	0.1	0.3
Unknown		0.0	7.9	7.8
Percent		**100.0**	**100.0**	**100.0**
# Scores Reported		**106**	**1,536**	**1,583**

* Eleven schools reported old MCAT scores for 68 students in the 1993-94 first-year class. Four schools did not accept or did not report old MCAT scores.

† The new MCAT test was first administered in Spring 1991.

NOTE: Nine schools reported new MCAT data in 1991; all 15 schools reported them in 1992, however, writing sample scores were available from only 14 schools. In 1993, writing sample scores were available from 12 schools.

Student Debts and Career Plans

Senior osteopathic medical students reported debts averaging $81,900 in 1993, up less than 3% from the prior year. The increase in 1993 was less than the average yearly increase in debt of about 5% over the past five years.

The proportion of seniors planning careers in primary care rose substantially in 1993 to 37%. Although this figure is five percentage points higher than in 1992, it is still below the 40%-50% range that prevailed throughout most of the 1980s.

AACOM's special survey of 1992 seniors' specialty choices revealed evidence of some of the basic factors underlying those decisions. The seniors who planned careers in primary care fields appeared to be more **"people oriented"** and placed more emphasis on the **intellectual content of the field** than did those who planned careers as specialists. The latter group were more **technically oriented** and rated **prestige and income potential** as the single most important factor in their decisions. **Personal skills and abilities** also appeared to be an important factor for this group.

(Additional details about students' debt and specialty choices are provided in AACOM's recently published *Debts and Career Plans of Osteopathic Medical Students in 1993*, by A.M. Singer, Ph.D.)

Scholarships, Grants, and Loans, 1992-93

Although the amount of scholarships awarded to osteopathic medical students has been rising steadily since 1985-86, and has more than doubled in the past seven years, the gap between loans and scholarships widened in 1992-93 (Chart 11).

For the academic year 1992-93, total scholarships rose almost 11% to $19.8 million, while total loans to students rose 12.3% to $147.5 million. This breaks a string of five consecutive years in which scholarship funds have increased faster than loans.

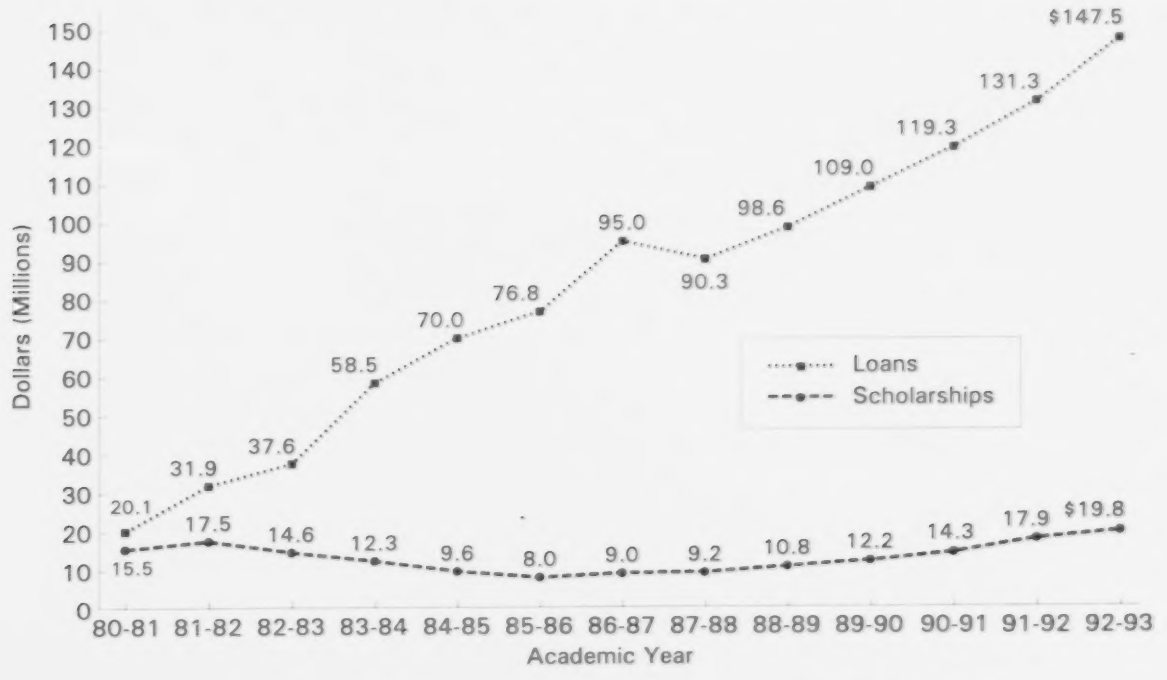
Less rapid growth in scholarships from some of the main sources for osteopathic medical students appears to be the culprit. Most notably, scholarships from the Armed Forces — which had been experiencing double-digit growth for four years — fell to only a 6.7% increase in 1992-93. State government sponsored scholarships showed no growth at all (Chart 12 on page 16).

The one bright spot in this picture is that the National Health Service Corps (NHSC) program had a large increase for the second year in a row, bringing it to $2.5 million for osteopathic medical students. This increase of more than 78% from last year pushed the NHSC program ahead of state-sponsored scholarships in terms of funds awarded to osteopathic medical students in 1992-93.

Of the nearly $148 million in loans made to osteopathic medical students in 1992-93, $62 million (42%) came from the Health Education Assistance Program (HEAL) (Chart 13 on page 17). HEAL is not only the largest source of loans in osteopathic medical schools, but is also among the fastest growing. Stafford loans, the second largest source, accounted for $49 million (33% of total loans).

Another federally subsidized program — Supplemental Loans for Students (SLS) — has also become an important source of loans for students in recent years.

Chart 11 - Scholarships and Loans Awarded to Osteopathic Medical Students, 1980-81 Through 1992-93*

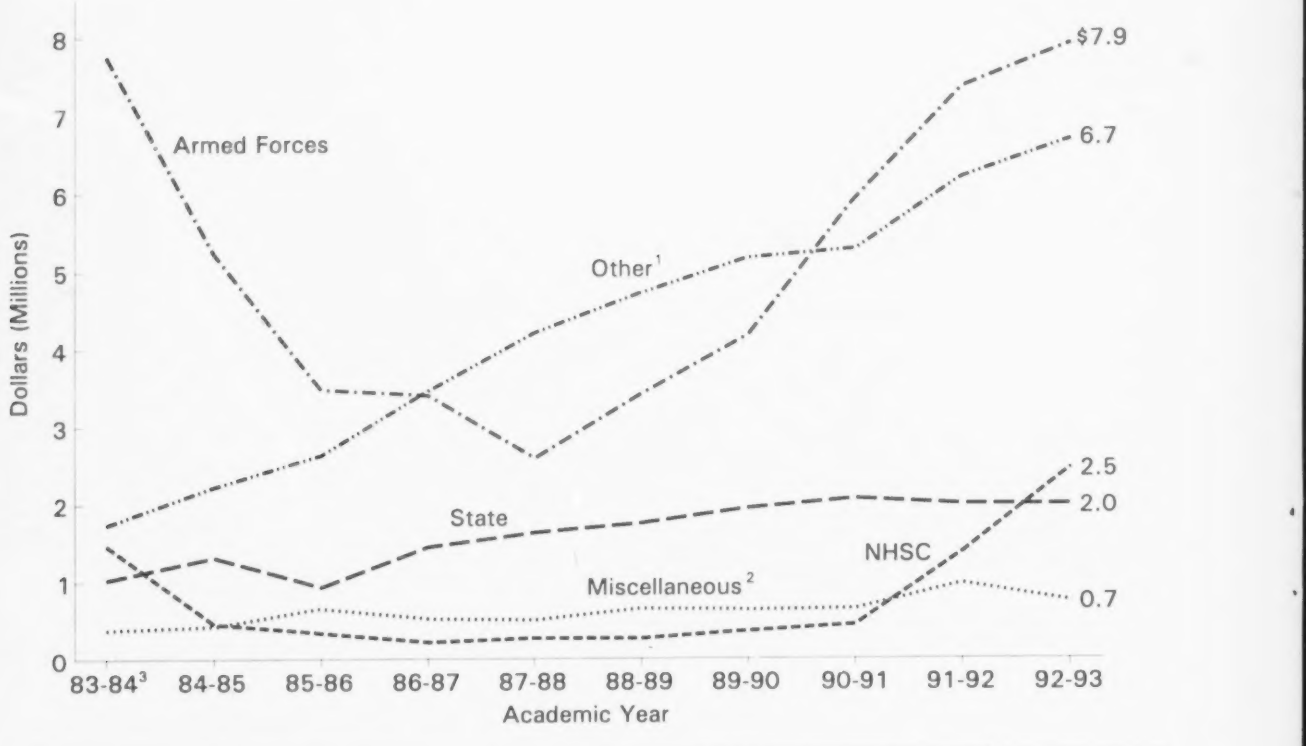


*Scholarships include Fellowships, Grants, Fee Waivers, Work-Study, etc.

Prior to 1984-85, not all 15 schools supplied loan/scholarship data. The numbers that supplied such data each year are as follows: 1980-81 (12 of 14 schools); 1981-82 (14 of 15); 1982-83 (13 of 15); 1983-84 (14 of 15).

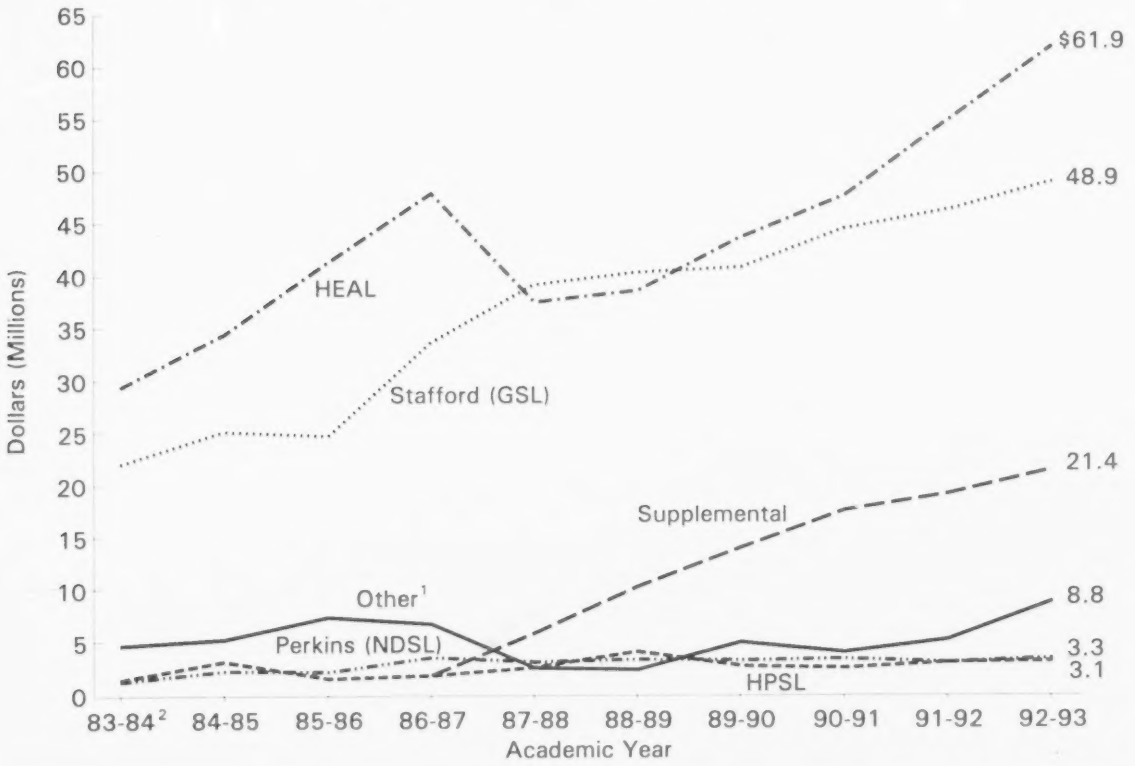
Photo courtesy of Ohio University
College of Osteopathic Medicine

Chart 12 - Sources of Scholarships Awarded to Osteopathic Medical Students, 1983-84 Through 1992-93



[1] Other Scholarships include Fellowships, Grants, Fee Waivers, Work-Study, etc.
[2] Miscellaneous Scholarships include Exceptional Financial Need, Indian Health, and Osteopathic Association.
[3] Data for 1983-84 provided by 14 of 15 schools.

Chart 13 - Sources of Loans Made to Osteopathic Medical Students, 1983-84 Through 1992-93



[1] Other Loans include PLUS, ALAS, Robert W. Johnson, State, and Osteopathic Association.
[2] Data for 1983-84 provided by 14 of 15 schools.

Photo courtesy of Lake Erie College of Osteopathic Medicine

Student Costs, 1992-93

Estimated total expenses for first-year, in-state residents at private schools in 1992-93 rose 3.7% from 1991-92; in public schools, they increased by about 6% (Chart 14A). These expenses include tuition and fees, books, equipment, required transportation, and room and board. In 1992-93 these first-year expenses ranged from $20,841 for in-state residents at public schools, to $30,698 for out-of-state residents at private schools (Table VIII).

After adjusting for inflation, estimated total expenses for first-year in-state residents at private schools rose 1.9% in 1992-93; at public schools they rose 4.3% (Chart 14B).

First-year tuition for *in-state* residents ranged from $600 to $12,327 at public schools, and from $12,950 to $19,750 at private schools. First-year tuition for *out-of-state* residents was considerably higher at public schools ($1,600 to $26,337), but not much different at private schools ($15,500 to $19,750).

Photo courtesy of New York College of Osteopathic Medicine of New York Institute of Technology

Table VIII

Average First-Year Student Expenses at Osteopathic Medical Schools, 1992-93

	Public Schools		Private Schools	
	In-State Residents	Out-of-State Residents	In-State Residents	Out-of-State Residents
Tuition	$7,474	$14,707	$16,672	$17,543
Fees	1,517	1,517	526	526
Books and equipment	2,294	2,294	2,985	2,985
Required transportation	1,622	1,622	1,459	1,459
Room and board (single students)	7,934	7,934	8,185	8,185
TOTAL	**$20,841**	**$28,074**	**$29,827**	**$30,698**

Chart 14A - Total Expenses for In-State Freshmen, Academic Years 1984-85 Through 1992-93
(Current Dollars)

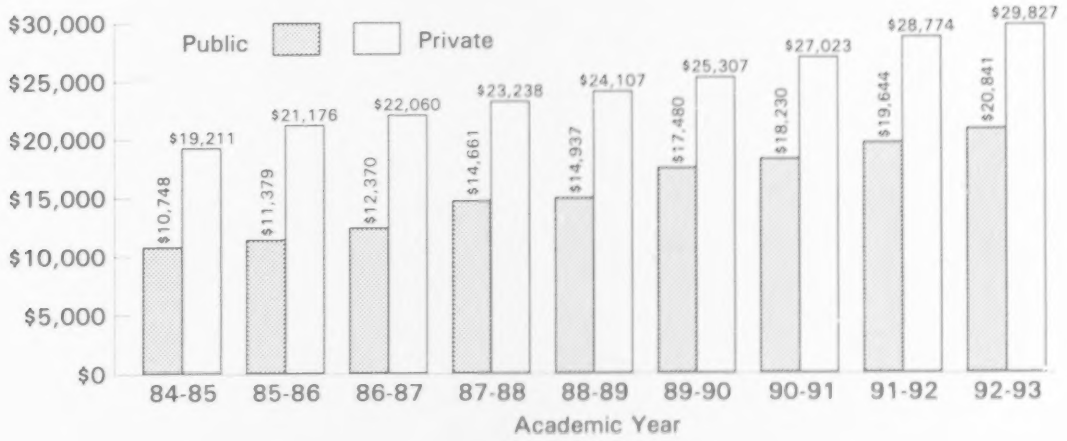
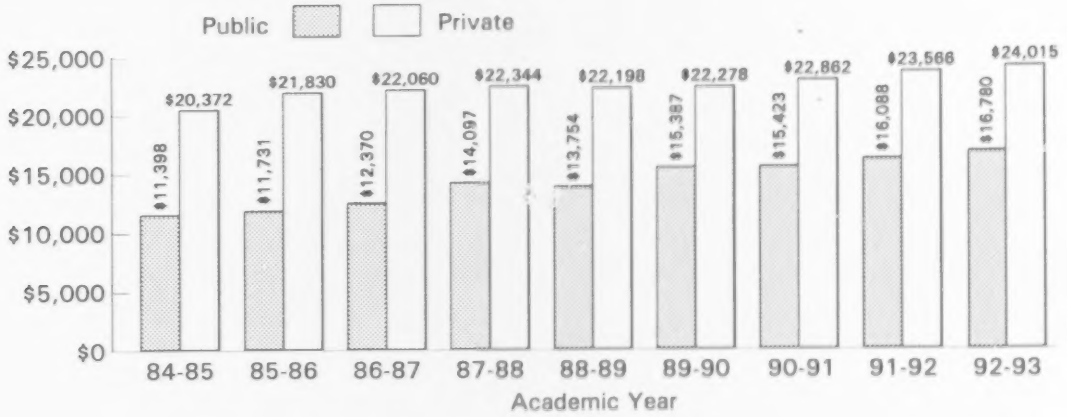


Chart 14B - Total Expenses for In-State Freshmen, Academic Years 1984-85 Through 1992-93
(Constant 1987 Dollars)*



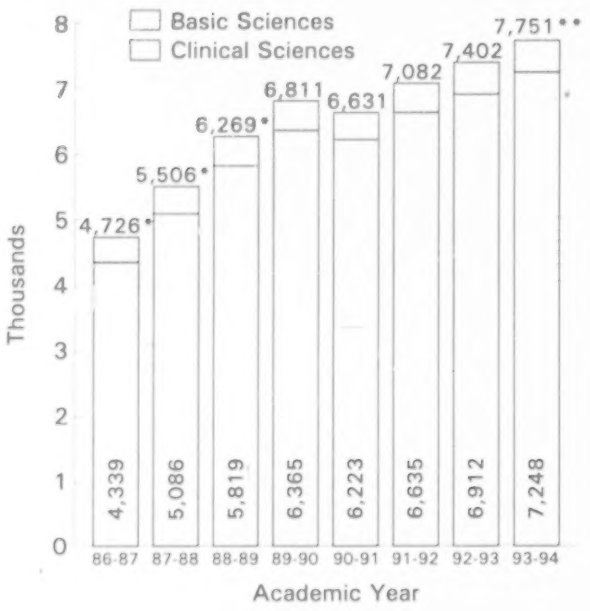
*Deflated by the GDP Price Deflator, for 1992-93 = 124.2 (1987 = 100).

Faculty, 1993-94

There were 7,751 faculty members at the 15 member schools in 1993-94, up 4.7% from last year (Chart 15). Of these, 65% were volunteers, 20% were part-time, and 15% were full-time faculty. More than 11% of the total faculty were women, substantially more than the 9.7% last year.

Faculty at osteopathic medical schools expanded more rapidly than enrollments during most of the 1980s. In 1981-82, the faculty/student ratio at the 14 schools that existed then was only about 0.6 — i.e., 3,188 total faculty members for 5,304 total students. By 1986-87, the ratio had risen to 0.71, and in 1989-90 it reached 1.03. Since then the ratio has stayed steady at about 1.0.

Chart 15 - Growth in Faculty Size, 1986-87 Through 1993-94



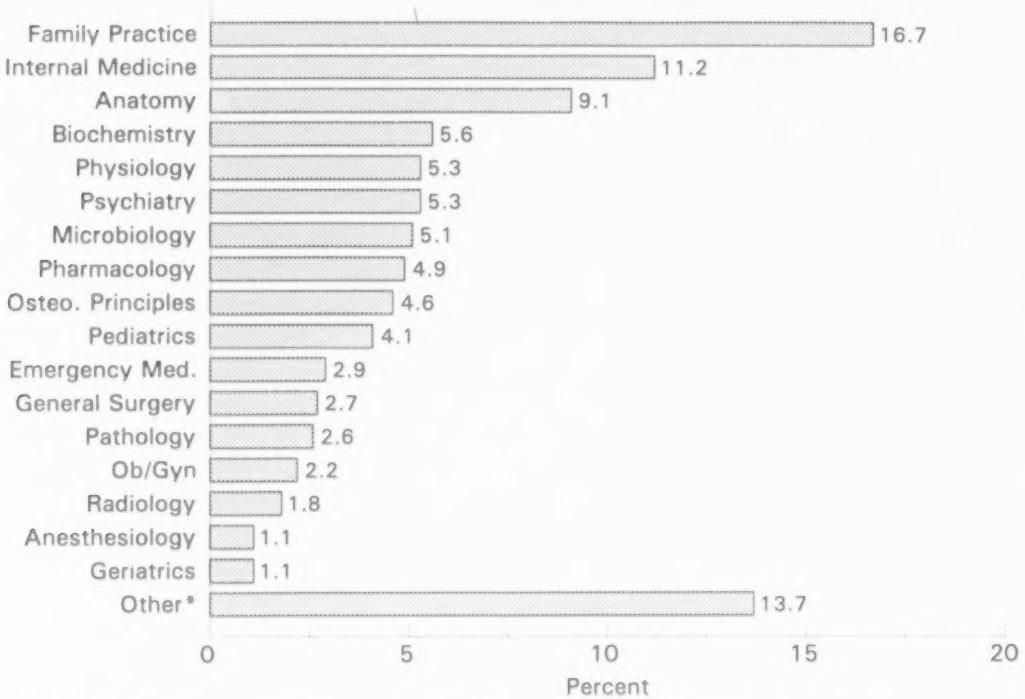
*Does not include volunteers at MSU-COM.
**Does not include LECOM or volunteers at MSU-COM.

Specialization of Faculty

Of the 1,128 full-time faculty members in the 15 colleges in 1993-94, 16.7% were in departments of family practice, which traditionally house the plurality of faculty in osteopathic medical schools (Chart 16A). This year, however, relatively fewer faculty were in family practice compared to previous years, and relatively more were found in the disciplines of internal medicine and anatomy. Together these three clinical disciplines accounted for 37% of the full-time faculty and 52% of volunteers (Chart 16B).

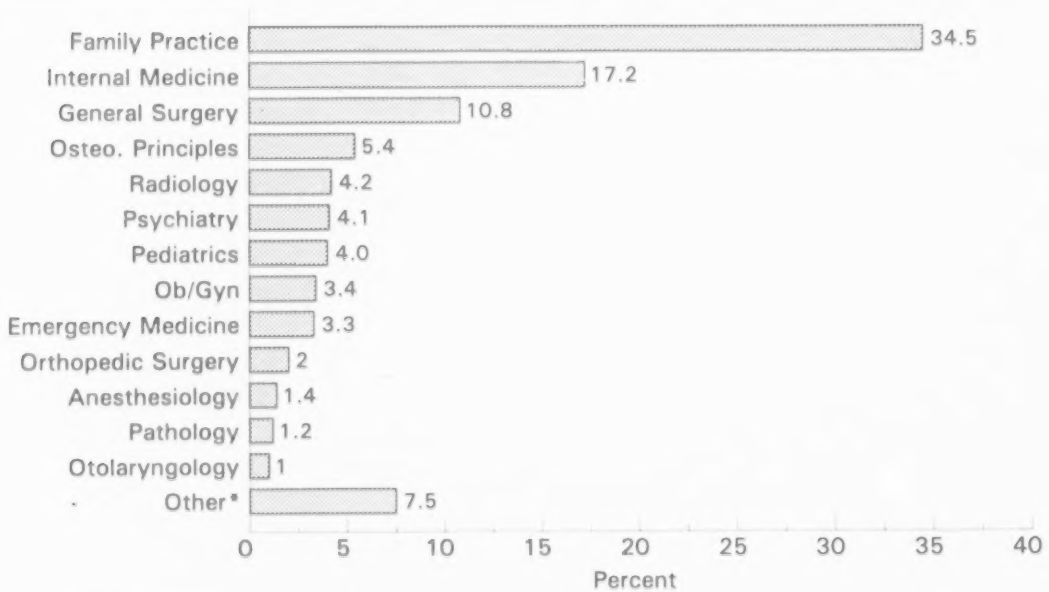
Photo courtesy of Philadelphia College of Osteopathic Medicine

Chart 16A - Full-Time Faculty by Discipline, 1993-94



*Includes Dermatology, Neurology, Ophthalmology, Orthopedic Surgery, Otolaryngology, Physical Medicine/Rehabilitation, and Urology.

Chart 16B - Volunteer Faculty by Discipline, 1993-94



*Includes Anatomy, Biochemistry, Microbiology, Pharmacology, Physiology, Dermatology, Geriatrics, Neurology, Ophthalmology, Physical Medicine/Rehabilitation, and Urology.

Curriculum

Osteopathic medical school curricula generally consist of two years of basic sciences courses (called preclinical instruction) and two years of clinical clerkships or rotations, interspersed with courses in a variety of topics of special interest.

In the academic year 1993-94, the 15 member schools required an average of 1,070 hours instruction in the basic sciences and an average of 69 weeks of clinical clerkships.

Preclinical

Courses in gross anatomy typically required the most number of hours of all basic sciences. Almost 19% of preclinical instruction was devoted to this subject (Table IX). The basic sciences of pathology, physiology, biochemistry, microbiology, pharmacology, neuroanatomy, and microanatomy also were required in substantial amounts.

Clinical Clerkships

The last two years of the osteopathic medical school curriculum are mainly devoted to rotations through various clinical areas. Heading the list were clerkships in family/community medicine, which averaged 15 weeks in 1993-94 or more than one-fifth of the total time devoted to all clerkships (Table X). Rotations through medicine, surgery, and elective clerkships also occupied substantial amounts of time.

Special Interest Topics

In addition to the basic and clinical sciences, the colleges also provide instruction in a number of areas of special interest (Table XI). For the past several years, geriatrics and doctor/patient relationships have been at the top of this list in terms of class hours of training per year. However, AIDS topped the list in terms of number of students receiving training.

Table IX

Average Number of Hours of Required Preclinical Instruction in Basic Sciences, 1993-94

Basic Science Area	Average Number Required Hours	Percent of Total Required Hours
Gross Anatomy	201	18.8%
Pathology	122	11.4
Physiology	110	10.3
Biochemistry	103	9.6
Microbiology	102	9.5
Pharmacology	95	8.9
Neuroanatomy	69	6.5
Microanatomy	68	6.4
Osteopathic Principles and Practice	53	5.0
Clinical Medicine	52	4.9
Miscellaneous	27	2.5
Immunology	26	2.4
Genetics	11	1.0
Psychiatry	9	0.8
Epidemiology	6	0.5
Histology	6	0.5
Hematology	5	0.5
Nutrition	5	0.5
TOTAL	1,070	100.0%

Table X

Average Number of Weeks in Clinical Clerkships in Years Three and Four, 1993-94

Clinical Clerkships	Average Number of Weeks	Percent of Total
Family/Community Medicine	15	21.3%
Medicine	13	19.5
Surgery	8	12.3
Electives	8	12.3
Pediatrics	5	6.6
OB/GYN	5	6.6
Psychiatry	4	6.0
Emergency Medicine	3	4.7
Selectives*	3	4.7
OMT	1	1.4
Radiology	1	1.4
Geriatrics	1	1.4
Rural Clinics	1	1.4
Other	1	1.4
TOTAL	69	100.0%

* Selectives are elective courses with a limited number of options, such as clerkships in rural areas, or in alternative health care delivery systems.

Table XI

Areas of Special Interest Included in the Curriculum
of Osteopathic Medical Schools, 1993-94

Special Areas of Training (Ranked in order of class hours)	Class Hours per Year Spent in Training	Percent Change Since 1992-93	Number of Students Receiving Training in Area	Percent Change Since 1992-93
1. Geriatrics	713	18	3,294	11
2. Doctor/Patient Relationship	683	34	4,007	7
3. Nutrition	391	13	3,314	36
4. Human Sexuality	206	- 4	3,119	23
5. Alcoholism/Drug Abuse	200	- 2	3,290	6
6. AIDS	173	N.A.	4,630	N.A.
7. Rehabilitation	170	8	2,968	3
8. Medical Ethics	141	N.A.	2,509	N.A.
9. Occupational/Environmental Health	122	-31	2,664	11
10. Death and Dying	81	N.A.	2,708	N.A.
11. History of Medicine	70	-22	2,073	3
12. Financial Management of Private Practice	62	-27	1,001	- 8
13. Cost Containment	57	6	2,152	22

Photo courtesy of Kirksville College of Osteopathic Medicine

Grant and Contract Awards - FY 1993

The value of all grants and contracts awarded to the 15 member schools rebounded somewhat in FY 1993 from the drop it suffered in FY 1992 (Chart 17). Grant and contract awards totaled $39.7 million, up 1.3% from FY 1992. Research grant and contract awards accounted for about 41% of the total in FY 1993, followed by grants for teaching/training (36%), multi-purpose (15%), and service (8%) (Chart 18).

From FY 1982 through FY 1986, grants and contracts rose at a brisk 36.5% annual rate. Since then the growth path has slowed to a 4.5% annual rate of increase.

Photo courtesy of University of Osteopathic Medicine and Health Sciences/College of Osteopathic Medicine and Surgery

In recent years, the biggest changes have occurred in private schools where grants awarded by the state have dropped rather sharply. These grants totaled only $4.8 million in FY 1993 compared to $8.2 million in each of the previous two years.

Chart 17 - Grants and Contracts Awarded to Osteopathic Medical Schools, 1980-1993

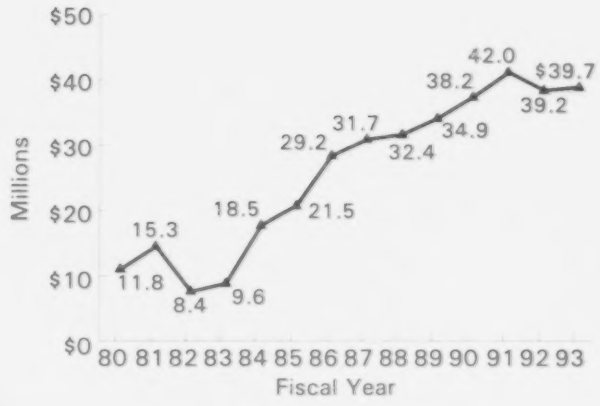
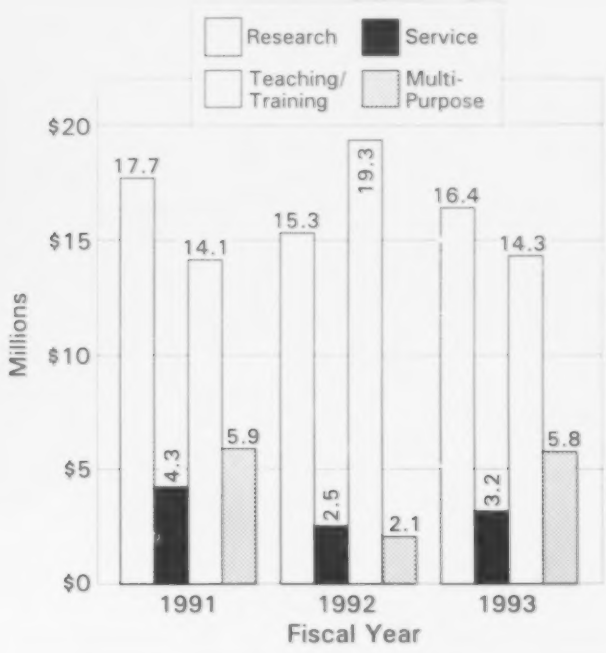


Chart 18 - Grants and Contracts by Category, FY1991-FY1993



Revenues - FY 1993

Revenues from tuition and fees jumped 17.2% in FY 1993 at the 15 member osteopathic medical schools, making this source the largest revenue producer by far in this fiscal year (Table XII). The combination of more students and higher charges per student contributed to this increase. Normally, tuition and fees produce between 24% and 33% of total revenue at the schools, but in FY 1993, this source contributed 35.3% of the total. Average revenue from tuition and fees increased from $6.7 million per school in FY 1992 to $7.9 million per school in FY 1993.

Revenues from state appropriations declined 4.4% to $84.1 million. Grant and contract revenue from both the federal government and private sources increased as did revenue from faculty practice plans. The latter rose 8.8% to almost $30 million.

The largest change in FY 1993 occurred in hospital and clinic revenue which dropped almost 75% from last year. However, this drop was almost totally due to the sale of two hospitals by one of the schools, resulting in a substantial decline in the hospital revenue reported by that school in FY 1993.

Table XII

Revenues in Osteopathic Medical Schools
Fiscal Years 1992, 1993

	Fiscal Year					
	1992			1993		
	Total ($Millions)	Avg. per School ($Millions)	Percent	Total ($Millions)	Avg. per School ($Millions)	Percent
A. Tuition and Fees*	101.0	6.7	24.8	118.4	7.9	35.3
B. Government Appropriations	88.8	5.9	21.6	84.1	5.6	25.1
Federal	0	0	0	0	0	0
State	88.0	5.9	21.6	84.1	5.6	25.1
Local	0	0	0	0	0	0
C. Government Grants and Contracts	32.4	2.2	7.9	33.4	2.2	10.0
Federal	19.6	1.3	4.8	20.7	1.4	6.1
State	12.7	0.85	3.1	12.7	0.85	3.8
Local	.1	0.01	—	.01	0	0.1
D. Private Gifts, Grants and Contracts	10.3	0.69	2.5	12.4	0.82	3.7
E. Endowment Income	4.0	0.27	1.0	2.5	.17	0.8
F. Other Sources (see Notes)	171.1	11.4	41.9	84.3	5.6	25.1
Medical practice plans	27.4	1.8	6.7	29.8	2.0	8.9
Parent school appropriations	7.9	0.53	1.9	8.1	0.54	2.4
Hospitals, clinics	114.5	7.6	28.1	29.1	1.9	8.7
Sales and service of education activities	2.1	0.14	0.5	2.3	0.15	0.6
Other	19.2	1.3	4.7	15.0	1.0	4.5
G. Total Revenue	**406.8**	**27.1**	**100.0**	**335.1**	**22.3**	**100.0**

* One school did not report Tuition and Fees in 1992 and 1993.

NOTES: COMP's 'Hospitals, clinic' revenue for both years was included in the 'Sales and service of education activities' category.
WVSOM's 'Medical practice plans' and 'Hospitals, clinics' was not reported in either year, as this is handled by WVSOM Clinic, Inc.
UOMHS/COMS included 'Sales and service of education activities' in 'Other.'
PCOM reported a substantial drop in revenues from 'Hospitals and clinics' in FY1993 due to the sale of City Avenue and Parkview Hospitals in April 1993.

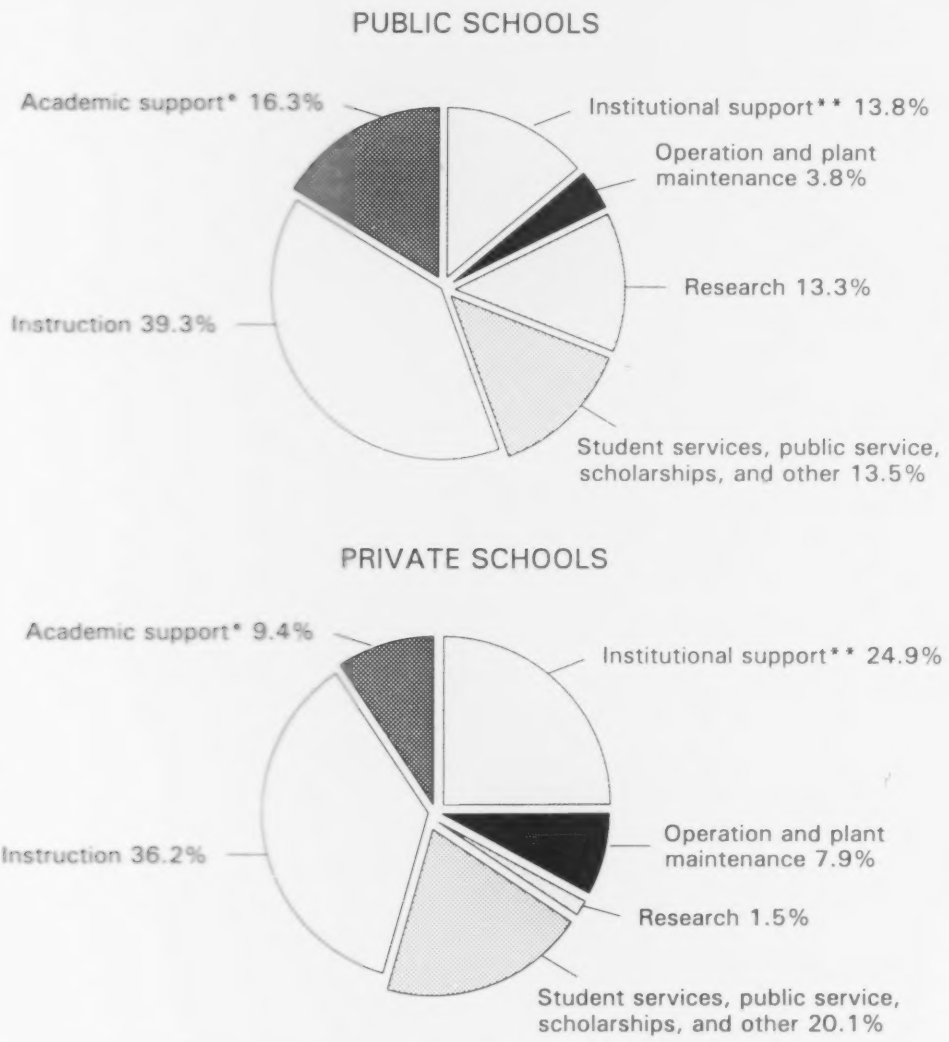
Expenditures - FY 1993

Expenditures are distributed somewhat differently at the schools, depending on their type of ownership. In publicly owned schools, instruction accounted for 39.3% of expenditures in FY 1993 compared to 36.2% in privately owned schools (Chart 19). This was the largest expenditure item in both cases.

Expenditures for research, academic support, and public service took a substantially higher percentage in public schools, while institutional support, operation and plant maintenance, student services, scholarships, and other items were substantially higher in private schools.

Estimated intructional expenses per student (i.e., total expenses minus research and public service items) averaged about $37,300 per school, up from $34,200 in FY 1992.

Chart 19 - Distribution of Expenditures, FY1993



*Includes educational materials, libraries, machine shop, computer services, animal resource center, etc.

**Includes cost of administration, management and planning, fiscal operations, administrative data processing, space management, personnel records, and community and alumni relations.

Acknowledgements

This summary presents the major findings from AACOM's annual survey of the 15 member osteopathic medical colleges in the U.S. It was conducted in cooperation with school administrators and faculty, whose assistance is greatly appreciated. Lorrie Van Akkeren assisted with the tabulations and graphic preparation. Bonnie Saylor, Marian Osher, and Ted Cron provided editorial and layout assistance.

Location of Colleges of Osteopathic Medicine

IV. Other Publications Available from AACOM

AACOM Organizational Guide — structure of the Association, names and addresses of members of its councils/sections/committees, and administrative staff and faculty in the 16 U.S. colleges of osteopathic medicine.

$14.00

Annual Statistical Report — compilation of annual trends among the colleges of osteopathic medicine. Presented in tables and charts with accompanying text, the statistical data relate to the characteristics of applicants and matriculants, faculty, curriculum, sources of grants and loans, and distribution of revenues and expenditures.

$14.00

Application Packet — application form for the centralized application service, procedures for applying, and materials describing each college and its fees.

No charge

College Information Booklet — brief description of each of the 16 osteopathic medical colleges, admissions criteria, minimum entrance requirements, supplementary application materials required, class size or enrollment, application deadlines, and tuition.

Single copies: $2.00
25 copies: $25.00
100 copies: $74.00

Debts and Career Plans of Osteopathic Medical Students — detailed survey that examines indebtedness of osteopathic medical students at the osteopathic medical colleges. The characteristics and career plans of students are compared at their entrance to osteopathic medical school and just prior to their graduation.

$12.00

Education of the Osteopathic Physician — comprehensive book providing information about the history and philosophy of the profession. This is an essential guide for the health professions advisor and the prospective student of osteopathic medicine. Provides admissions criteria and brief overviews of the 16 osteopathic medical schools, information on the educational process (medical school through internship and residency), licensure, and practice options.

$9.00

Osteopathic Medical Education — single copies of this brochure presenting an overview of the profession are free.

50 copies: $9.00
100 copies: $15.00

Osteopathic Medical Education: A Handbook for Minority Applicants — provides summary accounts of the osteopathic profession, pathways to osteopathic education, and the educational and training programs of the osteopathic colleges.

Single copies: $1.00
25 copies: $15.00
100 copies: $65.00

Selected Sources of Financial Aid for Osteopathic Medical Students — brief overview of the range of financial aid sources available to osteopathic medical students and a guide to contacts on financial aid.

Single copies: $8.00

Study on Competency-Based Objectives for Undergraduate Osteopathic Medical Education — minimum clinical competencies expected of a newly graduated osteopathic physician, component elements contributing to those competencies, and timetable for their introduction and/or completion. Competency objectives for medicine, surgery, pediatrics, obstetrics/gynecology, and general and family practice are identified.

$18.00